

**Oral Health Access Grant  
RFP 1579-DPH-BC**

**Round 4 – Q & A  
1/24/2007**

#	Section/ Number		Question	Answer
1	1	A	Is rent for a dental office serving Medicaid/BadgerCare enrollees an allowable cost for the Oral Health Access Grant?	Rent is considered an allowable cost for the funds available via this RFP grant. It should be included in section 8.6 of the budget worksheets.
2	1	A	Is transportation of patients an allowable cost i.e. cost of hiring a van/bus to and from the clinic for appointments?	Transportation is already covered and reimbursable by Medicaid as long as the visit is covered under Medicaid. Since these are already allowable reimbursements via MA - grant funds should not be used to cover transportation costs.
3	1	F	Is there a hard and fast date for contracts to end June 30, 2008? What if my project isn't planned to be complete by then?	Refer to RFP section 1 (last paragraph) - the actual dates for project contract period are negotiable. Proposed contracts to go beyond July 1, 2008 will be considered as these funds are not tied to a specific date. The contract period can be requested for any reasonable length of time with satisfactory justification.
4	5	C	The application that letters of support are optional - do you think they make a difference?	Letters of support are optional...but they may help demonstrate sustainability and/or partnerships.
5	5	C	What are examples of relevant and appropriate materials, forms, etc.?	Other materials included in the appendix are optional...but include if they support or clarify the application and help demonstrate sustainability and/or partnerships. This could include items such as diagrams, org charts, floor plans, etc.
6	5	E	Is there a page limit for the appendix?	There is not a page limit - but supporting materials should be relevant and potentially support or clarify the application and help demonstrate sustainability and/or partnerships.
7	7	A	While most key staff for our proposed project is in place, we will be hiring a dental hygienist. Can I submit a brief job description rather than a bio-sketch for this position?	Yes – a brief job description is fine for unfilled positions.
8	8.1	D	Is the Annual Salary column for the individual's total	This is for the individual's total annual salary which would then

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			annual salary or just the annual salary for the project?	be multiplied by the Percent of Effort on the Project to get the requested funding salary.
9	General	G	Does Wisconsin permit some independence for hygienists?	<p>Yes, Wisconsin does permit some independence for hygienists. Dental hygienists are state licensed and regulated by WI Statutes Chapter 447 (<a href="http://www.legis.state.wi.us/statutes/Stat0447.pdf">http://www.legis.state.wi.us/statutes/Stat0447.pdf</a>). Dental hygiene is defined under 447.01(3)(a-g) and dental hygienist is defined under 447.01(5). Currently there are eight settings that dental hygienists may practice dental hygiene or perform remediable procedures in Wisconsin, 447.06 (2)(a)(1-8).</p> <p>Please refer to Chapter 447 and the Wisconsin Assistant Attorney General Opinion (<a href="http://dhfs.wisconsin.gov/health/Oral_Health/taskforce/pdf/ag_sealantopinion.pdf">http://dhfs.wisconsin.gov/health/Oral_Health/taskforce/pdf/ag_sealantopinion.pdf</a>). Accordingly there are three out of eight settings that a dental hygienist may practice dental hygiene or perform remediable procedures, listed under 447.06 (2)(a)(1-8), without the authorization or presence of a dentist (independently). Those three settings are public or private schools, dental schools or local health departments, 447.06 (2)(a)(2,3 and 5). Please note that oral screenings, 447.01 (3)(e), may be provided in any setting without prescription.</p>
9.2	General	G	<i>Continued from above</i> - If so, in what circumstances?	<p>The statute does not state that the dental hygienist must only practice in the setting that the employment or independent contract was originated. Dental hygienists are often employed or independently contracted by one of the eight settings and provide services in a different setting listed under 447.06 (2)(a) as a part of an employment or contractual agreement. There are many current Wisconsin examples of employment or independent contracts originating from an agency other than the setting where dental hygiene services are provided. For example a dental hygienist may be employed or independently contracted by a dental clinic and provide</p>

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				<p>school-based services independently.</p> <p>Wisconsin dental hygienists diagnose and treatment plan within their scope of practice consistent with Chapter 447.06 (2) (d). Dental hygienists, like other professions, refer to other disciplines (primarily dentists) when abnormal conditions or health problems are identified which are not within their scope of practice to treat.</p>
9.3	General	G	<i>Continued from above – Additional Information</i>	<p>The Wisconsin Medicaid Program now certifies and directly reimburses dental hygienists for services they provide in accordance with HFS 107.</p> <p><a href="http://www.legis.state.wi.us/rsb/code/hfs/hfs107.pdf">http://www.legis.state.wi.us/rsb/code/hfs/hfs107.pdf</a></p> <p>HFS 107.7(1m) (1m) COVERED SERVICES; DENTAL HYGIENISTS. Except as provided under subs. (2), (3), (4), and (4m), all of the following dental services are covered services when provided by a dental hygienist who is individually certified under ch. HFS 105 within the scope of dental hygiene as defined in s. 447.01 (3), Stats.:</p> <ul style="list-style-type: none"> <li>(a) Oral screening and preliminary examination.</li> <li>(b) Prophylaxis.</li> <li>(c) Topical application of fluoride.</li> <li>(d) Pit and fissure sealants.</li> <li>(e) Scaling and root planing.</li> <li>(f) Full mouth debridement.</li> <li>(g) Periodontal maintenance.</li> </ul>

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<b>Round 3 – Q &amp; A 1/17/2007</b>				
<b>#</b>	<b>Section/ Number</b>		<b>Question</b>	<b>Answer</b>
1	General	D	Are there plans to offer this funding again next year?	These are one-time funds and are not anticipated to be available again.
2	General	B	We have two different clinics in different parts of the state. They're planning two different types of projects. Can both submit a proposal?	Yes – all proposals will be evaluated on an impartial basis.
3	1	A	Is it possible to use grant funds to contract with local dentists to provide urgent care at the “usual and customary rate” due to the lack of providers willing to accept the MA rate?	The intent of the one-time grant funds is to establish or enhance programs to increase oral health access and to build capacity and sustainability. Please refer to the bulleted list in Section 1 of the RFP, specifically the third and fourth, related to direct service proposals.
4	1,7	C	The RFP references the need for a billing mechanism for direct services to Medicaid/BadgerCare enrollees. If our proposal targets direct services to uninsured individuals, is it necessary to develop a billing mechanism?	No. The billing mechanism is in regards to direct services for Medicaid/BadgerCare enrollees.

<b>Round 2 – Q &amp; A 1/08/2007</b>				
<b>#</b>	<b>Section/ Number</b>		<b>Question</b>	<b>Answer</b>
1	General	D	Oral health grant - is this open to apply for as it says February 2006?	Yes - it's open for applications. The dates in the press release and actual RFP are correct. The web site link mistakenly listed 2006, but should have been 2007. This has been corrected on the web site.
2	General	F	One of my organizations clinics received a portion of the 'ear marked' funds. Will we also be able to apply	Yes – all proposals will be evaluated on an impartial basis.

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			for a portion of the competitive grant funds?	
3	General	G	Are Tribes able to compete for this grant? We are looking to expand our program to include larger portions of the target population.	Yes – Tribes are certainly eligible to apply.
4	1	A	If we are planning on doing a fluoride varnish program for children enrolled in WIC and plan to bill Medical Assistance for the clients that are MA eligible, do we need to have a fee scale for the uninsured? In other words can we bill MA for the varnish, but not charge uninsured clients? (We would probably use grant monies to pay for the uninsured).	<p>First, you mention the proposed program is for children in WIC. Most children enrolled in WIC are either also enrolled in MA or eligible for MA. So the program should be able to bill MA for almost everyone - with few exceptions.</p> <p>In regard to those who are not on MA:</p> <p>Medicaid is prohibited from paying for a service that is always provided free of charge to non-Medicaid-enrolled people. At a minimum, providers must identify and bill any other applicable insurances that a patient carries. Providers may also establish a sliding fee scale, and charge less to patients of limited financial means. There is no prohibition on the sliding fee scale sliding all the way down to \$0 for patients of very limited means.</p> <p>There is additional guidance on usual and customary charges in the Medicaid All-Provider Handbook:  <a href="http://dhfs.wisconsin.gov/medicaid2/handbooks/all-provider/claims/claims1.htm">http://dhfs.wisconsin.gov/medicaid2/handbooks/all-provider/claims/claims1.htm</a></p>
5	3.2	A	We plan on targeting Medical Assistance clients in the grant – is this appropriate?	Yes – they are included in the grant's target population. Please refer to section 3.2 of the RFP for full description.
6	4.1	B	I just received the Oral Health Access Grant RFP and noticed a Notice of Intent was requested by January 8th. Is there a form to use or do you just want an email like this?	An email is fine. You may also include a high level description of what the proposal may entail.
7	8.7	E	We are seeking funding for the direct expenses of our dental program. The indirect expenses will be covered by our larger agency budget. In-kind	In-kind funds are not required. If in-kind funds are included in the proposal budget, lump sum is fine – or – line item funds if it helps demonstrate sustainability and/or partnerships.

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			donations are optional, but will it help our proposal for us to line item those areas or would it be sufficient to just lump it in to one statement?	
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**Round 1 – Q & A  
12/22/2006**

#	Section/ Number		Question	Answer
1	General	C	The announcement about this RFP says that the funds will be awarded on a "first come, first served" basis. The award criteria section does not mention that there is any bonus for early submission. What does "first come, first served" mean?	This was an error in the press release. The funds will be available via a competitive bid process as outlined in the RFP, not on a first-come-first-serve basis. The application deadline is outlined in the RFP section 4.2. There is no bonus for early submission. The press release has been updated to reflect this.
2	General	A	We have several members who offer dental service of some sort. Would it make sense to have our organization compile all of our member applications into one larger, Community Health Center umbrella application that can be submitted at once? Would it be more successful than individual applications?	One method of applying is not necessarily better or potentially more successful than the other – and either is fine. One factor to take into consideration is how much is the group considering applying for? If the separate applications are combined into one application, the most they would be eligible for would be \$500,000. So, collectively, the maximum grant award would be \$500,000. With separate applications, each entity could potentially receive up to \$500,000, so collectively, could potentially be more.
3	General	B	We cannot use grant funding for direct services to Medicaid/BadgerCare enrollees. However, it does appear clear from the RFP that we can request money for capacity building/capital equipment for operatories that will serve Medicaid/BadgerCare enrollees. Please confirm.	Yes, the grant funds may be used for capacity building and capital equipment. This includes infrastructure costs such as new construction and/or remodeling.